

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# P98000077423

Entity Name: TWO & FOUR, INC.

Current Principal Place of Business:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0864072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOGGS, LESTER C
Address: 4190 S.W. 75TH CIRCLE EAST
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: HUTCHISON, LORA J
Address: 705 EAST GREEN LANE
City-St-Zip: WOODSTOCK, GA 30189

Title: D () Delete
Name: THORNTON, DEBORAH K
Address: 4151 S.W. 75TH CIRCLE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: BOGGS, HAMILTON D
Address: 17 CORTEZ WAY
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: PAYNE, NANCY A
Address: P.S.C. 41 BOX 45
City-St-Zip: APO, AE 09464

Title: D () Delete
Name: WILLIAMS, KIMBERLY S
Address: 2063 FRUITLAND RD.
City-St-Zip: HENDERSONVILLE, NC 28792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOGGS, HAMILTON D
Address: 19 TOLEDO CT.
City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORA J. HUTCHISON

D

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date